

SECURITY

***ROLES,
RESPONSIBILITIES,
ACCESS PROCEDURES***

for

all SFA CONTRACTORS

**MODERNIZATION
PARTNERS**

Security & Access Procedures

September 1, 2000

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Modernization Partners Access Security Standards & Procedures

PROCEDURE TO OBTAIN A DEPARTMENT OF EDUCATION PICTURE BADGE

ED/SFA C.O.T.R. must send an e-mail message to Joel Clark (Dept. of ED. Security) in ROB3 to request a picture ID stating;

Name
Company
Phone Number
Assigned Task
Building(s) to which access needed.

After receiving the request Mr. Clark will contact the employee with a date & time to pick up the ID Request form.

Employee will go to Mr. Clark's office, pickup and fill out the form, take the form to FOB6

Pictures are taken (and badges created)

building **FOB6**,
room **2C104**
Monday – Friday
10:00 – 10:45 am or 2:00 – 3:00 pm

Joel_Clark@ed.gov

Questions/Hand-Delivery

Joel Clark
Room 3100A
Building ROB3

202.260.3739 (voice)
202.260.4816 (fax)

PROCEDURE TO OBTAIN A PASSCARD FOR THE 6TH FLOOR OF THE PORTALS BUILDING

ED/SFA C.O.T.R. or contractor Task Leader must send an e-mail or hand-delivered memo to Denise Barnes (Admin. Suite 6200, 6th Floor, Portals Building) requesting

“Passcard(s) for the 6th floor of the Portals Building” (sample memo attached)

Memo should state the Name(s), Assigned Tasks, ED/SFA C.O.T.R. or controlling employee, and a telephone number to contact upon receipt of the passcard(s)

Denise will have the request approved by Tawanda Hampton, then the request is passed on to building security/Facilities Management for processing and assignment of passcard(s).

Denise_Barnes@ed.gov

Questions/Hand-Delivery

**Denise Barnes
Portals Building
Suite 6200
1250 Maryland Ave. SW.
Washington, DC.**

202.205.2609 (voice)
202.260.5501 (fax)

**Republic Properties
Portals Building
Suite 280
1250 Maryland Ave. SW.
Washington, DC.**

OVERVIEW OF ACCESS SECURITY CLEARANCE, SFA IT SYSTEMS

Policy: *Access to SFA IT systems is granted only after appropriate investigation. This policy applies to employees both ED and its contractors.*

Roles and Responsibilities:

SFA is responsible for security on all SFA IT systems and facilities

Office of Inspector General's Security Staff maintains all security forms and performs investigations

SFA Security tracks which employees and contractors have completed security clearance

SFA IT Project Managers are responsible for granting access to their systems if and only if all other security requirements have been met.

Virtual Data Center Contractors are responsible for creating user names on servers upon receipt of signed Department of Education SFA Security Request Forms

ED LAN Contractors are responsible for creating user names on servers upon receipt of signed Account Request Forms

Applications Contractors are responsible for creating user names and allocating access within applications upon receipt of signed Department of Education SFA Security Request Forms

Personnel: System Contact -- the person responsible for implementing these procedures for each individual system. This person submits security documentation to the SFA Security Personnel Representative for new access requests. This person may also assign user names and passwords if the individual system, and not the Virtual Data Center (VDC), controls user names and passwords.

VDC system access contact -- the person responsible for establishing user names and assigning passwords at the Virtual Data Center (VDC), when access is not handled by the individual system.

Neither the System Contact nor the VDC contact will assign user names for individuals who have not completed the clearance process.

SFA Personnel Security Representative -- the person responsible for overall SFA clearance operations. This person acts as the interface between SFA systems and the Office of the Inspector General's Security staff.

Procedures:

1. The access process starts with an authorized system manager, who identifies the level of access to be granted to the individual seeking access.

Security Levels:

- Minimal-risk,
- Non-sensitive (low risk),
- Medium-sensitive (moderate risk), and
- Highly sensitive (high risk).

Minimal-risk access involves read-only, or basic system functions that are protected by software edits. Example: data entry. By definition, Federal employees cannot be granted minimal-risk clearance.

Low-risk and Moderate-risk access involves more substantial access to system data and/or software commands, but such access is either reviewed by staff with higher-risk clearance, or protected by internal software edits and cross-checks, or both. Example: programmers.

The difference between low- and moderate-risk access depends on the vulnerabilities posed by the degree of access in question, and may differ from one system to another.

High-risk access involves the most substantial access to data and/or software commands, with less cross-checking or oversight by other staff. Example: system administrators.

2. The procedure for granting access continues when the system contact provides the applicant with an access form for the particular system. In addition to the system access request form, two forms are required of every applicant:

OF 306 -- Declaration for Federal Employment

Despite its title, all applicants, both Federal employees and contractor staff, must use this form.

Notice of Criminal Liability under the Privacy Act

Commonly called the "Privacy Act Form," this form describes the penalties available for misuse of Privacy Act information, and acts as notification of those penalties to applicants.

Other forms required are determined by the level of access to be granted:

Minimal-risk clearance requires only the OF 306 and Privacy Act Form as described above.

Low-risk (also known as the "1C") clearance requires the SF-85 (Questionnaire for Non-Sensitive Positions) and either the SF-87 (for Federal employees) or FD-258 (for non-Federal employees) fingerprint card. This level of request triggers a National Agency Check and Inquiry (NACI).

Moderate-risk ("5C") clearance requires the SF-85P (Questionnaire for Public Trust Positions), a Fair Credit Reporting Act Release, and SF-87 or FD258 as applicable. This clearance triggers a Minimum Background Investigation (MBI) or Limited Background Investigation (LBI).

High-risk ("6C") clearance requires the SF-85P, SF-85P-S (Supplemental Questionnaire for Selected Positions), a Fair Credit Reporting Act Release, and the SF-87 or FD-258. This request triggers a (full) Background Investigation (BI).

Employees with existing clearances granted through another agency (government or private) should provide a cover memo or letter indicating which agency granted the clearance, the level of clearance granted, and any other pertinent information. This will allow the ED Office of the Inspector General to retrieve information from the granting agency that maintained the clearance. This could take a week or two, and interim access cannot be granted during this time, unless it is for low-risk access where the security requirement can be waived. Usually, once the IG retrieves the data, SFA will accept the clearance, with no need to submit further paperwork, as long as the clearance level is appropriate and the staff has not had more than a year's break in service from the agency or company where the clearance was granted.

3. The system manager then submits all completed forms to the SFA Personnel Security Representative, who in turn submits applicable forms to the ED OIG Security Office.

The SFA Security Representative is Joel Clark, ROB-3 Room 4004, phone: 202-260-3739.

4. Timeframes and Costs:

NACI -- up to 75 days after receipt by the OIG Security Office; Cost = \$75 per investigation.

LBI or MBI -- up to 120 days after receipt by the OIG Security Office; Cost = \$375 (MBI) to \$1895 (LBI) per investigation.

BI -- up to 120 days after receipt by the OIG Security Office; Cost = \$2295 per investigation.

5. Waivers:

Employees with an existing clearance granted through another agency can submit information concerning that clearance (see Forms section above).

Contractor employees seeking read-only access, or low-risk access for less than 120 days, are considered *minimal-risk* employees and are granted access upon completion of the two basic forms (OF 306 and Privacy Act Form). All paperwork must be in the hands of the SFA Personnel Security Representative before such a waiver is granted.

Contractor employees seeking low-risk access for longer than 120 days must also complete the SF-85 and FD-258 fingerprint card, as described above.

Employees seeking moderate-risk (5C) access may be granted provisional access to SFA systems provided that all paperwork has been submitted to the SFA Personnel Security Representative. In other words, access may be granted as the investigation is progressing, at the discretion of the System Contact and the SFA Personnel Security Representative.

A synopsis of the forms required for each level is found in the attachment "Background Investigation Forms."

6. More information concerning personnel security clearances is available from ED Handbook 11, "Personnel Security-Suitability Program."

Summary of Forms Needed by Risk for Contractor Employees
BACKGROUND INVESTIGATION FORMS NEEDED FOR NON-FEDERAL APPLICANTS FOR ADP SYSTEMS ACCESS

RISK LEVEL	CODE	SECURITY FORM	OTHER FORMS NEEDED	SUBMITTED TO OPM BY:
LOW RISK or NONSENSITIVE	1C	SF 85 "Questionnaire for Nonsensitive Positions"	FD-258 - Fingerprint Card OF 306 - "Declaration For Federal Employment" Notice of Criminal Liability Under the Privacy Act If employee has prior clearance, Cover Memo ADP system access form for each system Fair Credit Reporting Act Release MAY be required in some cases	Security Program Office
MODERATE RISK	5C	SF 85P "Questionnaire for Public Trust Positions"	FD 258 - Fingerprint Card OF 306 - "Declaration For Federal Employment" Notice of Criminal Liability Under the Privacy Act If employee has prior clearance, Cover Memo ADP system access form for each system Fair Credit Reporting Act Release	Security Program Office
HIGH RISK	6C	SF 85P "Questionnaire for Public Trust Positions" SF 85P-S "Supplemental Questionnaire For Selected Positions"	FD 258 - Fingerprint Card OF 306 - "Declaration For Federal Employment" Notice of Criminal Liability Under the Privacy Act If employee has prior clearance, Cover Memo ADP system access form for each system Fair Credit Reporting Act Release	Security Program Office

Summary of Form Descriptions and Usage

Form Number	Form Name	Description	Minimal Risk (Read Only)	Low Risk (1C)	Software Developer (5C)	DBA SA & CM (6C)
OF 306	Declaration for Federal Employment	Required for all applicants, both Federal Employees and Contractor staff	✓	✓	✓	✓
	Notice of Criminal Liability Under the Privacy Act	Required for all access	✓	✓	✓	✓
	EDNet Account Request Form	Required to get a user ID on the Education Network. EDNet access is not necessarily required in order to access applications at the VDC.	✓	✓	✓	✓
	Federal Pell Grant Rules of Behavior	Employees with EDNet Access who are working on Government Furnished Equipment (GFE)	✓	✓	✓	✓
FD-258	Fingerprint Card	Required for all access except Minimal Risk (Read Only)		✓	✓	✓
	Fair Credit Reporting Act Release	Required for all access except Minimal Risk (Read Only)		✓	✓	✓
	A Summary of Your Rights Under the Fair Credit Reporting Act	To be provided to all employees who complete a Fair Credit Report Act Release. Does not need to be submitted				
	Cover Memo Regarding Prior Clearance	Will expedite clearance in cases where clearance has already been granted elsewhere		✓	✓	✓
	Department of ED/SFA Security Request Form	One form is required for each system employee needs access to. Must be signed by the Education Project Manager for that System.	✓	✓	✓	✓
SF-85	Questionnaire for Non-Sensitive Positions	Required for Low Risk (1C) access. Available from www.opc.gov under Forms. Adobe .pdf files or special Forms Fill-in software that can be downloaded for free		✓		

Form Number	Form Name	Description	Minimal Risk (Read Only)	Low Risk (1C)	Software Developer (5C)	DBA SA & CM (6C)
SF-85P	Questionnaire for Public Trust Positions	Required for high risk (5C and 6C) access. Available from www.opc.gov under Forms. Adobe .pdf files or special Forms Fill-in software that can be downloaded for free			✓	✓
SF 85P*	Authorization for Release of Medical Information	Required for medium and high risk (5C and 6C) access. Last page on SF 85P. Available from www.opc.gov under Forms. Adobe .pdf files or special Forms Fill-in software that can be downloaded for free			✓	✓
SF 85P-S	Supplemental Questionnaire for Selected Positions	Required for high risk (6C) access. Available from www.opc.gov under Forms. Adobe .pdf files or special Forms Fill-in software that can be downloaded for free				✓

PROCEDURE TO OBTAIN EDLAN NETWORK ACCESS

Fill out an Account Request Form (ARF) , blank & sample attached.

C.O.T.R. Submits form(s) to Lydia Morales (Suite 6200, Portals Building)

This form is used to create an EDLAN user ID with the lowest (0C/Minimal-Risk) level of access, Basic office functions/software, e-mail, etc. Access to higher “security-levels” is based upon the forms and procedures detailed in section 4.

This form may be filled out by a contractor Task Leader but must be submitted to Lydia Morales by the C.O.T.R.

Note... An account request may be processed and an account assigned, but no software will be loaded

on user/client systems until the new equipment has been properly checked into ED/SFA hardware inventory and an inventory barcode sticker has been issued and attached to the equipment.

Lydia_Morales@ed.gov

Questions/Hand-Delivery

**Lydia Morales
Portals Building
Suite 6200
1250 Maryland Ave. SW.
Washington, DC.**

202.708.5463 (voice)

202.708.5865 (fax)

Account Request Form**ACCOUNT REQUEST FORM** [08-99]

REQUEST DATE: _____

USER NAME: _____ LOG ON ID: _____
*First Last*PRINCIPAL OFFICE: SFA/ TELEPHONE: _____REGION: _____ LOCATION: _____
*Building Room*PO COORDINATOR NAME: Lydia Morales TELEPHONE 708-5463*(Select one)*

- ☒ New Ednet Network Connection *(Please Complete Sections 1, 2, 3 and 4)*
☐ Network and Mail Account Add/Change Only *(Please Complete Sections 2, 3 and 4 Only)*
☐ Resource Access Change *(Please Complete Section 3 and 4 Only)*

CONTRACTOR ONLY

Company Name: _____ Contract No: _____ Expiration Date: _____

SECTION 1 New Network Connection☐ PC

Manufacturer _____ Model # _____ ED Barcode # _____ S/N _____

☐ PRINTER

Manufacturer _____ Model # _____ ED Barcode # _____ S/N _____

Printer Address: _____

*(If a network printer, supply printer address)*Drop Required ☐ Yes ☐ No**SECTION 2 File Server Account** *(Outlook Accounts Are Provided with All Server Accounts)**(Check one)*☐ Add Account Name _____ *(If other than above)*
First Last
☐ Change Account From _____
First Last
 To _____
First Last
SECTION 3 Resource Access *(Check All That Are Applicable. Identify additional shared sources not listed)*

- | | | |
|--|---|-------------------------------|
| <input type="checkbox"/> FOLIO VIEWS 4.2 | <input type="checkbox"/> PC Travel Dropbox | <input type="checkbox"/> SF52 |
| <input type="checkbox"/> EDCAPS(i.e. GAPS) | <input type="checkbox"/> Electronic Library | <input type="checkbox"/> |
| <input type="checkbox"/> EDICS | <input type="checkbox"/> PC Travel | <input type="checkbox"/> |

SECTION 4 Special Instructions

PROCEDURE TO OBTAIN EDNET CLEARANCES

The Department of Education IT Security Office has identified 4 levels of access privileges;

- 0C - Minimal Risk, Read-Only
- 1C - Low Risk, Non-Sensitive
- 5C - Moderate Risk
- 6C - High Risk

Classification

As a general rule, IT users/employees are placed into the above categories based on function and need to access private data or otherwise sensitive material.

0C - Minimal Risk, Read-Only

Public Access, Ability to access their personal data/status indicators. no ability to change their data or access another customers data.

1C - Low Risk, Non-Sensitive

Basic (beginning) system user, access to non-sensitive job related data only. Ability to update job specific non-sensitive data only

5C - Moderate Risk

System software & business process developers, Quality Assurance & I.V.& V. analysts. Complete access to all sensitive and non-sensitive data as needed, restricted to off line or “non-production” systems. Read-Only access to “Production” system process definitions, source code etc. as needed. All “Write-Access” to the production systems routed through Quality Assurance and Configuration Management procedures.

6C - High Risk

System Administrators, Database Administrators, Configuration Management. Access to both Off-Line and Production systems. Authority to determine content and compliment, and validity of system components. Ability to reboot, backup, restore, recreate systems in whole or in part.

Clearances...

The need for a specific clearance level is determined by the Task Leaders, Project Managers, C.O.T.R.s etc. Qualifying for these access privileges begins with the completion of a series of forms.

Employee Security Tracking Sheet**EDNet/VDC Security & Access Forms for:**

Item	Form Number	Form Name	Required	Date Completed	Date Submitted	Date Approved
1	OF 306	Declaration for Federal Employment				
2		Notice of Criminal Liability Under the Privacy Act				
3		EdNet Account Request Form				
4		Federal Pell Grant Rules of Behavior				
5	FD 258	Fingerprint Card				
6		Fair Credit Reporting Act Release				
7		A Summary of Your Rights Under the Fair Credit Reporting Act				
8		Cover Memo Regarding Prior Clearance				
9	SF 85	Questionnaire for Non-Sensitive Positions				
10	SF 85P	Questionnaire for Public Trust Positions				
11	SF 85P*	Authorization for Release of Medical Information				
12	SF 85P-S	Supplemental Questionnaire for Selected Positions				
13		Department of ED/SFA Security Request Form for _____				
14		Department of ED/SFA Security Request Form for _____				
15		Department of ED/SFA Security Request Form for _____				
16		Department of ED/SFA Security Request Form for _____				
17		Department of ED/SFA Security Request Form for _____				
18						
19						
20						
21						
22						

Rules of Behavior

Federal Pell Grant Rules of Behavior A statement of User Responsibility

User Acknowledgment - Personnel who use any ED/ACS/CSC computing resource (e.g., PCS, workstations) and associated networks shall read and sign this statement annually. The user will keep copies of the signed acknowledgment; the originals will be placed in the user's official personnel file.

For Official, Approved Use Only - the Government funds Pell Grant computing resources to support various programmatic efforts needed to accomplish the Department's mission. As such, these resources are to be used only for official Government business. Users should remember that when they use the Pell Grant computing resources, they are acting in their employment capacity for ED. Unless approved in writing by management, we must avoid any activity outside that employment capacity, or which could bring harm or embarrassment to ED/ACS/CSC.

Privacy Expectations - we caution all users that, overall, computers, networks, and information systems are not "private". Users should have no expectation of privacy when using computing resources. Electronic mail sent via the network may bear site-specific identifiers in the address (e.g., *name@cdsi.com*, or *name@ed.gov*). As such, despite disclaimers, users using ED/ACS/CSC E-mail are representing the site and ED/ACS/CSC and must act accordingly.

Monitoring of Computing Resources - Activities on ED/ACS/CSC systems and networks are subject to monitoring, recording, and periodic audits to ensure that the resources are functioning properly and to protect against unauthorized use. The system administrator may access any "user's" computer system or data communications and disclose information obtained through such auditing to appropriate third parties, e.g., law enforcement personnel. Use of ED/ACS/CSC computing resources is expressed consent by the user to such monitoring, recording, and auditing.

Violations - Adherence to accepted user principles regarding appropriate use by all users is critical. Violations of these principles or ED/ACS/CSC computer policies may lead to disciplinary action, up to and including termination of employment.

Manager/Supervisor Responsibilities - Management personnel must be leaders in applying these user principles. Managers are responsible for implementing these accepted user principles in their organization and will be accountable for ensuring that users are aware of and acknowledge their responsibilities.

Accepted User Principles

Computer security personnel recognize users of ED/ACS/CSC computers, networks, and information Systems as an integral part of the overall ED computer security program. Users' access to computing resources shows a level of trust bestowed upon them by their management and ultimately by ED. Users are responsible for their actions and need to be aware of and acknowledge their responsibilities.

At a minimum users are responsible for these principles:

- Ensuring that ED/ACS/CSC, computing resources are used only for official government business. The employee's manager must approve any other use in writing.
- Knowing who their site computer security personnel are and how they can be contacted.
- Ensuring that all software is used according to licensing agreements *and* has been authorized for use by management.
- Protecting the information, they are processing from access by, or disclosure to, unauthorized personnel.
- Immediately reporting all security incidents and potential threats and vulnerabilities involving computing resources to designated computer security personnel.
- Protecting their authenticators, such as passwords. Reporting any compromise or suspected compromise of a password to designated computer security personnel.
- Using only systems, networks, data, control information, and software, for which they are authorized.

- Ensuring that system media and system output are marked according to their sensitivity and are properly controlled and stored.
- Knowing required storage sanitization procedures (e.g., overwriting disks that contain sensitive data before reuse).
- Informing management when access to a particular computing resource is no longer required, such as when the user completes a project.
- Avoiding the introduction of malicious code into any computing resource.
- Preventing physical damage to the system.
- Ensuring that Card Keys/Cipher lock combinations to the work area are secured always and not duplicated.
- Notifying management before relocating computing resources. Not removing equipment or storage media from the work area without prior written authorization from the Project Manager or the Pell Grant ACSO.
- Following procedures for signing out sensitive application documentation from the library and ensuring that we do not remove sensitive information from the work area.

Privileged User Principles

Privileged users include those with “superuser, root,” “RACF Master Keys”, or equivalent access to a system (e.g., system administrators; computer operators; ACSOs; those who have control of the operating system of the computer or network or who set up and administer user accounts, passwords, etc.; users having access to change control parameters such as routing tables or path priorities on routers, multiplexors, or other key equipment; users whom we have given the power to control and change other users' access to data, programs, or applications; network administrators; database administrators; users whom we have given special access for trouble shooting or security management functions.) In addition to Accepted User Principles, Privileged Users are also responsible for:

- Protecting the root, superuser, master key, password and not sharing the password and/or account.
- All supervisors, root, master key actions using his or her account.
- Reporting all information system/network, potential security-related incidents to designated computer security personnel.
- Using special access or privileges **only** to perform authorized tasks and functions.
- Using a **non-privileged** user account for everyday work not associated with the tasks of “a superuser or system administrator”.

Management may augment the previous list of responsibilities with additional requirements. Any question about your responsibilities as a user of computing resources should be discussed with your supervisor.

To be completed by the user:

I, _____ have read and understand my responsibilities as a user of ED/ACS/CSC computing resources and will perform my duties accordingly during my employment.

Signed: _____ Date: _____

To be completed by the user's supervisor of record:

I, _____ ensure that _____ has been provided computer security orientation, understands the responsibilities associated with computing resources, and have had all questions satisfactorily answered.

Signed: _____ Date: _____

OF 306 - Declaration for Federal Employment**PRIVACY ACT AND PUBLIC BURDEN STATEMENT**

The Office of Personnel Management is authorized to request this information under sections 1302, 3301, 3304, and 8716 of title 5 of the U.S. Code. Section 1104 of title 5 allows the Office of Personnel Management to delegate personnel management functions to other Federal agencies. If necessary, and usually in conjunction with another form or forms, this form may be used in conducting an investigation to determine your suitability or your ability to hold a security clearance, and it may be disclosed to authorized officials making similar, subsequent determinations.

Public burden reporting for this collection of information is estimated to vary from 5 to 30 minutes with an average of 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to Reports and Forms Management Office, U.S. Office of Personnel Management, 1900 E Street, N.W., Washington, D.C. 20415.

ROUTINE USES: Any disclosure of this record or information in this record is in accordance with routine uses found in System Notice OPM-GOVT-1, (General Personnel Records). This system allows disclosure of information to non-Federal employers concerning tenure of employment, training facilities, organizations, decisions, claims for retirement, insurance, unemployment, or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning a violation of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearance, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations, including news media, which grant or publicize employee recognition and awards; the Merit Systems Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives, the Federal Acquisitions Institute, and Congressional offices in connection with their official functions; prospective non-Federal employers concerning tenure of employment, civil service status, length of service, and the date and nature of actions for separation as shown on the SF 50 (or authorized exceptions) of a specifically identified individual; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and non-Federal agencies for use in computer matching spouses or dependent children asking whether the employee has changed from a self-and-family to a self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement, or job for the Federal government, non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employee about fitness-for-duty or agency-issued disability retirement procedures.

Optional Form 306 (EG)
September 1994
U.S. Office of Personnel
Management

Declaration for Federal Employment

Form Approved:
O.M.B. No. 3206-0182

GENERAL INFORMATION

1 FULL NAME ▶	2 SOCIAL SECURITY NUMBER ▶
3 PLACE OF BIRTH (Include City and State or Country) ▶	4 DATE OF BIRTH (MM/DD/YY) ▶
5 OTHER NAMES EVER USED (For example, maiden name, nickname, etc.) ▶ ▶	6 PHONE NUMBERS (Include Area Codes) DAY ▶ NIGHT ▶

MILITARY SERVICE

7 Have you served in the United States Military Service? If your only active duty was training in the Reserves or National Guard, answer "NO".	Yes	No
If you answered "YES", list the branch, dates (MM/DD/YY), and type of discharge for all active duty military service.	BRANCH	FROM TO TYPE OF DISCHARGE

BACKGROUND INFORMATION

For all questions, provide all additional requested information under item 15 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 8, 9, and 10, your answers should include convictions resulting from a plea of nolo contendere (*no contest*), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar State law, and (5) any conviction whose record was expunged under Federal or State law.

8 During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives violations, misdemeanors, and all other offenses.) If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.	Yes	No
9 Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO".) If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.		
10 Are you now under charges for any violation of law? If "Yes", use item 15 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.		
11 During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debared from Federal employment by the Office of Personnel Management? If "Yes", use item 15 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address.		
12 Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "Yes", use item 15 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.		

ADDITIONAL QUESTIONS

13 Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, and half sister.) If "Yes", use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.	Yes	No
14 Do you receive, or have you ever applied for, retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service?		

Designed using Perform Pro. WHS/DIOR, Jan 95

CONTINUATION SPACE/AGENCY OPTIONAL QUESTIONS

- 15** Provide details requested in items 8 through 13 and 17c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position, and your agency is authorized to ask them).

CERTIFICATIONS/ADDITIONAL QUESTION

APPLICANT: If you are applying for a position and have not yet been selected, Carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, complete item 16/16a.

APPOINTEE: If you are being appointed, Carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and all attached materials are accurate, complete item 16/16b and answer item 17.

16 I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

16a Applicant's Signature ►
(Sign in ink)

Date ►

16b Appointee's Signature ►
(Sign in ink)

Date ►

APPOINTING OFFICER: Enter Date of Appointment or Conversion
►

- 17** **Appointee Only (Respond only if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

17a When did you leave your last Federal job?

17b When you worked for the Federal Government last time, did you waive Basic Life Insurance or any type of optional life insurance?

17c If you answered "Yes" to item 17b, did you later cancel the waiver(s)? If your answer to item 17c is "No," use item 15 to identify the type(s) of insurance for which waivers were not cancelled.

Date (MM/DD/YY)		
Yes	No	Don't Know

Optional Form 306 (Back)

September 1994

Optional Form 306
U.S. Office of Personnel
Management

Declaration for Federal Employment

Form Approved:
O.M.B. No. 3206-0182

INSTRUCTIONS

The information collected on this form is used to determine your acceptability for Federal employment and your enrollment status in the Government's Life Insurance program. You may be asked to complete this form at any time during the hiring process. Follow instructions that the agency provides. If you are selected, you will be asked to update your responses on this form and on other materials submitted during the application process and then to recertify that your answers are true before you are appointed.

Your Social Security Number is needed to keep our records accurate, because people may have the same name and birthdate. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records. Giving us your SSN or other information is voluntary. However, if you do not give us your SSN or

any other information requested, we cannot process your application. Incomplete addresses and ZIP Codes may also slow processing.

You must answer all questions truthfully and completely. A false statement on any part of this declaration or attached forms or sheets may be grounds for not hiring you, or for firing you after you begin work. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001.)

Either type your responses to this form or print clearly in dark ink. If you need additional space, attach letter-size sheets (8.5" X 11"), including your name, Social Security Number, and item number on each sheet. It is recommended that you keep a photocopy of your completed form for your records.

Notice of Criminal Liability Under the Privacy Act**Notice of Criminal Liability under the Privacy Act**

The information provided to me by the Department of Education is protected by the Privacy Act of 1974, as amended. The protection of this information, once entrusted to me, becomes my responsibility. Therefore, I agree to protect the privacy of all information that has been provided to me as an agent of the Department. I understand that the criminal penalties identified below may be enforced if I violate the requirements of the Privacy Act.

5 U.S.C. § 552a, as amended,

(i)(1) Any officer or employee of an agency, who by virtue of his employment or official position, has possession of, or access to, agency records which contain individually identifiable information the disclosure of which is prohibited by this section or by rules and regulations established thereunder, and who knowing that disclosure of the specific material is so prohibited, willfully disclosed the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

(2) Any officer or employee of any agency who willfully maintains a system of records without meeting the notice requirements of subsection (e) (4) of this section shall be guilty of a misdemeanor and fined not more than \$5,000.

(3) Any person who knowingly and willfully requests or obtains any record concerning an individual from an agency under false pretenses shall be guilty of a misdemeanor and fined not more than \$5,000.

I certify that I have read and understand the criminal penalties of the Privacy Act, as stated above, and that I agree to comply with the government's requirements for the protection of any information covered by the Privacy Act.

Signature and Date _____

Name (Printed or typed) _____

Department of ED / SFA Security Request Form



DEPARTMENT OF EDUCATION
STUDENT FINANCIAL ASSISTANCE (SFA)
Security Request Form

A. USER INFORMATION	<input type="checkbox"/> <i>ED employee</i>	<input type="checkbox"/> <i>Contractor</i>
<i>Name:</i> _____	<input type="checkbox"/> <i>New User</i>	
<i>Title:</i> _____		
<i>SSN:</i> _____	<input type="checkbox"/> <i>Delete User</i>	
<i>Location:</i> _____	<input type="checkbox"/> <i>Change Access</i>	
<i>Phone:</i> _____	<input type="checkbox"/> <i>Renew Access</i>	

B. EMPLOYMENT INFORMATION	<i>(Do not complete if ED employee)</i>
Name of Contracting Co. _____	
Contract#:	_____ (if applicable)
Task#:	_____ (if applicable)
Period of service: From:	_____ To: _____ (if applicable)
Short Description of task:	_____ (if applicable)

C. TYPE OF ACCESS REQUESTED

 Building Pass (Attach GSA/NCR form 48)

 System/Application Access (Name of System/Application, describe type of access required)

_____ (Use additional paper when necessary)

D. SECURITY FORMS	(Contractors Only)
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The following forms have been completed and are on file with the department COTR

- ____ Declaration of Federal Employment (form #306)
____ Notice of Criminal Liability under the Privacy Act

E. SIGNATURES

1. Applicant: _____ Date _____
Print Name Signature
2. Applicant Supervisor: _____ Date _____
Print Name Signature
3. COTR/Security Officer
and/or ED Project Manager: _____ Date _____
Print Name Signature

SPA Personnel Security Office Use Only	
Approval: _____	Date: _____
Print Name _____	Signature _____
Current Security Status: <input type="checkbox"/> Waived <input type="checkbox"/> In Progress <input type="checkbox"/> _____	Level _____
Date Security Packet Forwarded: _____	

Revised 05/2000

A Summary of Your Rights Under the Fair Credit Reporting Act

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "Consumer Reporting Agency"(CRA). Most CRA's are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U. S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights-

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CPA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CPA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove

accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CP A must give you a written notice telling you it has reinserted the item. The notice must include the name, addresses, and telephone number of the information sources.

- **You can dispute inaccurate items with the source of the information.** If you tell anyone - Such as A creditor who reports to & CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
 - **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old, ten years for bankruptcies.
 - **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.
 - **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
 - **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
 - **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

(Continued on next page)

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
<p>CRAs, creditors and others not listed above</p> <p>National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after the bank's name)</p> <p>Federal Reserve System member banks (except national banks, and federal branches/ agencies of foreign banks)</p> <p>Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B" appear in federal institution's name)</p> <p>Federal credit unions (words "Federal Credit Union" appears in institution's name)</p> <p>State chartered banks that are not members of the Federal Reserve System</p> <p>Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission</p> <p>Activities subject to Packer and Stockyards Act of 1921</p>	<p>Federal Trade Commission Consumer Respose Center - FCRA Washington, DC 20580 202-326-3761</p> <p>Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743</p> <p>Federal Reserve Board Division of Consumer and Community Affairs Washington, DC 20551 202-452-3693</p> <p>Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929</p> <p>National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360</p> <p>Federal Deposit Insurance corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC</p> <p>Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306</p> <p>Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 202-720-7051</p>

*Fair Credit Reporting Act Release***Fair Credit Reporting Act of 1970, as amended****(RELEASE)**

PLEASE TAKE NOTICE THAT ONE OR MORE CONSUMER CREDIT REPORTS MAY BE OBTAINED FOR EMPLOYMENT PURPOSES PURSUANT TO THE FAIR CREDIT REPORTING ACT, AS AMENDED, 15 U.S.C., § 1681, ET SEQ. SHOULD A DECISION TO TAKE ANY ADVERSE ACTION AGAINST YOU BE MADE, BASED EITHER IN WHOLE OR IN PART ON THE CONSUMER CREDIT REPORT, THE CONSUMER REPORTING AGENCY THAT PROVIDED THE REPORT PLAYED NO ROLE IN THE AGENCY'S DECISION TO TAKE SUCH ADVERSE ACTION.

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with an investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal Government, and/or (3) security clearance or access. The information obtained may be redisclosed to other Federal agencies for the above purposes and fulfillment of official responsibilities to the extent such disclosure is permitted by law.

I hereby authorize the Department of Education to obtain such report(s) from any consumer/credit-reporting agency for the three purposes listed above.

(Printed Name)

(Social Security Number)

(Signature)

(Date)

Your Social Security Number is needed to keep records accurate, because other people may have the same name. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

FD 258 - Fingerprint Card (Obtain form from Joel Clark. Instructions provided with form)
Fingerprint Card Side 1

[illegible]

Fingerprint Options:

ROB-3

Room 5620

Contact Doris Hold (202-708-6096) or Matt Baum (202-205-0785) to arrange a time.

FBI Building

935 Pennsylvania Avenue

10am - 2pm, M-F

Enter from 10th Street

Inform guards that you want fingerprints taken

202-324-5853

Arlington County Sheriff's Office

1425 N. Courthouse Road Suite 9100

1:30pm - 4:00pm, M-F

\$10 charge (can be expensed)

703-228-4252

AC Office (Reston)

11951 Freedom Drive

Contact Ken Pennywell (703-947-1216)

Need 3 day lead time


FEDERAL BUREAU OF INVESTIGATION

UNITED STATES DEPARTMENT OF JUSTICE

WASHINGTON, D.C. 20537

APPLICANT

1. LOOP




THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

TO OBTAIN CLARIFIABLE FINGERPRINTS:

1. USE BLACK PIVOTER'S INK.
2. DISTRIBUTE THE PIVOTER ON WARM SKIN.
3. WASH AND DRY FINGER THOROUGHLY.
4. FOLD FINGER FROM NAIL TO END, AND AVOID ALLOWING FINGER TO SLIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. IF AN AMPLIFICATION OR DEFORMATION MAKES IT IMPOSSIBLE TO PRINT A FINGER, MAKE A NOTATION TO THAT EFFECT IN THE INDIVIDUAL FINGER BLOCK.
7. IF SOME PATTERNED CONDITIONS MAKE IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED WITH A MEMO STATED TO THE CARD EXPLAINING THE CIRCUMSTANCES.
8. FRAMING THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLARIFIED, BEARING IN MIND THAT MOST DIFFICULTIES FALL INTO THE PATTERNING CATEGORY ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT KNOWN YET).

2. WHORL




THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT PURPOSES.
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, REGISTRATION, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTENDANT GENERAL OF THE UNITED STATES. LOCAL AND COUNTY DRUG NARCOTICS, UNLESS SPECIFICALLY NAMED, NOT ATTACHABLE. STATES DESIRED TO NOT NARCOTICS REQUIREMENTS.
3. U.S. ADMINISTRATIVE AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
4. OFFICIALS OF FEDERALLY CHARTERED OR INCORPORATED BUS, BUSLINES, TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

3. ARCH



ARCHES HAVE NO DELTAS

INSTRUCTIONS:

1. PRINTS MUST FIRST BE CHECKED THROUGH THE AIRMO PHOTO SYSTEMS (FEDERAL BUREAU OF INVESTIGATION) PRIOR TO WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND (LOCALS MUST BE SUBMITTED FOR REVIEW).
2. PRIVACY ACT OF 1974 (P.L. 93-596) PROVIDES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH DISCLOSURE, AND USES WHICH WILL BE MADE OF IT.
3. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
4. IF NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPLICABLE SPACE.

MARITAL STATUS: NO. BIRTH: OTHER ARMED FORCES: NO. PASSPORT: NO. JPS: ARMY REGISTRATION: NO. JPS: PORT: SECURITY CARD: NO. PS: SELECTIVE SERVICE: NO. PS: VETERANS ADMINISTRATION: NO. JPS.

SF 85 - Questionnaire for Non-Sensitive Positions (Available from www.opc.gov under Forms)

Standard Form 85
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731 and 736

Form approved:
OMB No. 3206-0005
NSN 7540-00-634-4035
85-111

Questionnaire for Non-Sensitive Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on Page 5 and the release on Page 6. If you have any questions, call the office that gave you the form.

Purpose of this Form

The U.S. Government conducts background investigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Order 10577, sections 3301 and 3302 of title 5, U.S. Code; and parts 5, 731, and 736 of Title 5, Code of Federal Regulations.

Your Social Security Number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, and of good conduct and character. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.

2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.

3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."

4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.

5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.

6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.

7. All telephone numbers must include area codes.

8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.

9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.

10. If you need additional space to list your residences or employments/self-employments/unemployment or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain your name and Social Security Number at the top of the page.

Final Determination on Your Eligibility

Final determination on your eligibility for a position is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your trustworthiness is a very important consideration in deciding your suitability. Your prospects of placement are better if you answer

all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of determining your suitability for Federal employment; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a(b)) and as follows:

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
3. Except as noted in Question 14, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.
5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.
6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.
11. To the Office of Management and Budget when necessary to the review of private relief legislation.

STATE CODES (ABBREVIATIONS)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

PUBLIC BURDEN INFORMATION

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

Standard Form 85 (EG)
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731 and 736

QUESTIONNAIRE FOR NON-SENSITIVE POSITIONS

Form approved:
OMB No. 3206-0005
NSN 7540-00-634-4035
85-111

OPM USE ONLY		Codes		Case Number	
Agency Use Only (Complete items A through K using instructions provided by USOPM)					
A Type of Investigation	B Extra Coverage	C Nature of Action Code		D Date of Action	E Month Day Year
F Geographic Location	G Position Title		H SON	I SOI	
J OPAC-ALC Number	K Accounting Data and/or Agency Case Number				
L Requesting Official Name and Title		M Signature		N Telephone Number	O Date
Persons completing this form should begin with the questions below.					
1 FULL NAME • If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN".			2 DATE OF BIRTH - If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.		
Last Name		First Name	Middle Name	Jr., II, etc.	Month Day Year
3 PLACE OF BIRTH - Use the two letter code for the State. City County State Country (if not in the United States)				4 SOCIAL SECURITY	
5 OTHER NAMES USED Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)). If the other name is your maiden name, put "nee" in front of it.					
#1 Name		Month/Year	Month/Year	#3 Name	
		To		To	
#2 Name		Month/Year	Month/Year	#4 Name	
		To		To	
6 SEX (Mark one box) Female <input type="checkbox"/> Male <input type="checkbox"/>					
7 CITIZENSHIP		I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Answer items b and d)		b Your Mother's Maiden Name	
a Mark the box at the right that reflects your current citizenship status, and follow its instructions.		I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c and d)			
		I am not a U.S. citizen. (Answer items b and e)			
c UNITED STATES CITIZENSHIP If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.					
Naturalization Certificate (Where were you naturalized?)					
Court	City	State	Certificate Number	Month/Day/Year Issued	
Citizenship Certificate (Where was the certificate issued?)					
City	State	Certificate Number	Month/Day/Year Issued		
State Department Form 240 - Report of Birth Abroad of a Citizen of the United States					
Give the date the form was prepared and give an explanation if needed		Month/Day/Year	Explanation		
U.S. Passport					
This may be either a current or previous U.S. Passport.			Passport Number	Month/Day/Year Issued	
d DUAL CITIZENSHIP		If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.		Country	
e ALIEN If you are an alien, provide the following information:					
Place You Entered the United States:	City	State	Date You Entered U.S. Month Day Year	Alien Registration Number	Country(ies) of Citizenship

Exception to SF85, SF85P, SF85P-S, SF86, and SF86A approved by GSA September, 1995.
Designed using Perform Pro, WHS/DIOR, Sep 95

Page 1

8 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 5 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 3 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 3-year period, and do not list your spouse, former spouses, or other relatives).

Month/Year #1	Month/Year To	Month/Year Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You			Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year #2	Month/Year To	Month/Year Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year #3	Month/Year To	Month/Year Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year #4	Month/Year To	Month/Year Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
Month/Year #5	Month/Year To	Month/Year Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code

9 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, **beginning with the most recent (#1) and working back 5 years**. List all College or University degrees and the dates they were received. If all of your education occurred more than 5 years ago, list your most recent education beyond high school, no matter when that education occurred.

- Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

- For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year #1	Month/Year To	Month/Year Present	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School					State	ZIP Code
Month/Year #2	Month/Year To	Month/Year Present	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School					State	ZIP Code
Month/Year #3	Month/Year To	Month/Year Present	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School					State	ZIP Code

Enter your Social Security Number before going to the next page →

Page 2

10 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 5 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 5-year period must be accounted for without breaks, but you need not list employments before your 18th birthday.

- **Code.** Use one of the codes listed below to identify the type of employment:

- | | | | |
|-----------------------------------|--|--|-----------|
| 1 - Active military duty stations | 5 - State Government (Non-Federal employment) | 7 - Unemployment (Include name of person who can verify) | 9 - Other |
| 2 - National Guard/Reserve | 6 - Self-employment (Include business name and/or name of person who can verify) | 8 - Federal Contractor (List Contractor, not Federal agency) | |
| 3 - U.S.P.H.S. Commissioned Corps | | | |
| 4 - Other Federal employment | | | |

- **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

- **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

#1	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
	To	Present					
	Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
	Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
	Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year	Month/Year		Position Title	Supervisor		
	To						
	Month/Year	Month/Year		Position Title	Supervisor		
	To						
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year	Month/Year		Position Title	Supervisor		
	To						
	Month/Year	Month/Year		Position Title	Supervisor		
	To						
#2	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
	To						
	Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
	Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
	Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year	Month/Year		Position Title	Supervisor		
	To						
	Month/Year	Month/Year		Position Title	Supervisor		
	To						
#3	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
	To						
	Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
	Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
	Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year	Month/Year		Position Title	Supervisor		
	To						
	Month/Year	Month/Year		Position Title	Supervisor		
	To						

Enter your Social Security Number before going to the next page →

YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

#4	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
	To						
	Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
	Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
	Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year	Month/Year	Position Title		Supervisor		
	To						
	Month/Year	Month/Year	Position Title		Supervisor		
	To						
#5	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
	To						
	Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
	Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
	Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year	Month/Year	Position Title		Supervisor		
	To						
	Month/Year	Month/Year	Position Title		Supervisor		
	To						
#6	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
	To						
	Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
	Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
	Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year	Month/Year	Position Title		Supervisor		
	To						
	Month/Year	Month/Year	Position Title		Supervisor		
	To						

11 PEOPLE WHO KNOW YOU WELL

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 5 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Name #1	Month/Year	Month/Year	Dates Known To	Telephone Number	
				Day	Night ()
Home or Work Address			City (Country)	State	ZIP Code
Name #2	Month/Year	Month/Year	Dates Known To	Telephone Number	
				Day	Night ()
Home or Work Address			City (Country)	State	ZIP Code
Name #3	Month/Year	Month/Year	Dates Known To	Telephone Number	
				Day	Night ()
Home or Work Address			City (Country)	State	ZIP Code

Enter your Social Security Number before going to the next page →

12 YOUR SELECTIVE SERVICE RECORD	Yes	No
a Are you a male born after December 31, 1959? If "No," go to 13. If "Yes," go to b.		
b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.		
Registration Number	Legal Exemption Explanation	

13 YOUR MILITARY HISTORY	Yes	No
a Have you served in the United States military?		
b Have you served in the United States Merchant Marine?		

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

Code. Use one of the codes listed below to identify your branch of service:

1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

O/E. Mark "O" block for Officer or "E" block for Enlisted.

Status. "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X"; use the two-letter code for the state to mark the block.

Country. If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate #	O	E	Status				Country
						Active	Active Reserve	Inactive Reserve	National Guard (State)	
To										
To										

14 ILLEGAL DRUGS	Yes	No
In the last year, have you used, possessed, supplied, or manufactured illegal drugs? When used without a prescription, illegal drugs include marijuana, cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), stimulants (cocaine, amphetamines, etc.), depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.). (NOTE: Neither your truthful response nor information derived from your response will be used as evidence against you in any subsequent criminal proceeding.)		

If you answered "Yes," provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.

Month/Year	Month/Year	Type of Substance	Explanation
To			
To			
To			

Continuation Space

Use the continuation sheet(s) (SF86A) for additional answers to items 8, 9, and 10. Use the space below to continue answers to all other items and any information you would like to add. If more space is needed than is provided below, use a blank sheet(s) of paper. Start each sheet with your name and Social Security number. Before each answer, identify the number of the item.

After completing this form you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on Page 6.

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (Sign in ink)

Date

Enter your Social Security Number before going to the next page

Page 5

Standard Form 85
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731 and 736

Form approved:
OMB No. 3206-0005
NSN 7540-00-634-4035
85-111

UNITED STATES OF AMERICA
AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I Understand that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

Signature (<i>Sign in ink</i>)		Full Name (<i>Type or Print Legibly</i>)		Date Signed
Other Names Used				Social Security Number
Current Address (<i>Street, City</i>)		State	ZIP Code	Home Telephone Number (<i>Include Area Code</i>) ()

Page 6

SF 85P - Questionnaire for Public Trust Positions (Available from www.opc.gov under Forms)

Standard Form 85P
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved:
OMB No. 3206-0191
NSN 7540-01-317-7372
85-1602

Questionnaire for Public Trust Positions

Follow instructions fully or we cannot process your form. Be sure to sign and date the certification statement on Page 7 and the release on Page 8. *If you have any questions, call the office that gave you the form.*

Purpose of this Form

The U.S. Government conducts background investigations and reinvestigations to establish that applicants or incumbents either employed by the Government or working for the Government under contract, are suitable for the job and/or eligible for a public trust or sensitive position. Information from this form is used primarily as the basis for this investigation. Complete this form only after a conditional offer of employment has been made.

Giving us the information we ask for is voluntary. However, we may not be able to complete your investigation, or complete it in a timely manner, if you don't give us each item of information we request. This may affect your placement or employment prospects.

Authority to Request this Information

The U.S. Government is authorized to ask for this information under Executive Orders 10450 and 10577, sections 3301 and 3302 of title 5, U.S. Code; and parts 5, 731, 732, and 736 of Title 5, Code of Federal Regulations.

Your Social Security number is needed to keep records accurate, because other people may have the same name and birth date. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

The Investigative Process

Background investigations are conducted using your responses on this form and on your Declaration for Federal Employment (OF 306) to develop information to show whether you are reliable, trustworthy, of good conduct and character, and loyal to the United States. The information that you provide on this form is confirmed during the investigation. Your current employer must be contacted as part of the investigation, even if you have previously indicated on applications or other forms that you do not want this.

In addition to the questions on this form, inquiry also is made about a person's adherence to security requirements, honesty and integrity, vulnerability to exploitation or coercion, falsification, misrepresentation, and any other behavior, activities, or associations that tend to show the person is not reliable, trustworthy, or loyal.

Your Personal Interview

Some investigations will include an interview with you as a normal part of the investigative process. This provides you the opportunity to update, clarify, and explain information on your form more completely, which often helps to complete your investigation faster. It is important that the interview be conducted as soon as possible after you are contacted. Postponements will delay the processing of your investigation, and declining to be interviewed may result in your investigation being delayed or canceled.

You will be asked to bring identification with your picture on it, such as a valid State driver's license, to the interview. There are other documents you may be asked to bring to verify your identity as well.

These include documentation of any legal name change, Social Security card, and/or birth certificate.

You may also be asked to bring documents about information you provided on the form or other matters requiring specific attention. These matters include alien registration, delinquent loans or taxes, bankruptcy, judgments, liens, or other financial obligations, agreements involving child custody or support, alimony or property settlements, arrests, convictions, probation, and/or parole.

Instructions for Completing this Form

1. Follow the instructions given to you by the person who gave you the form and any other clarifying instructions furnished by that person to assist you in completion of the form. Find out how many copies of the form you are to turn in. You must sign and date, in black ink, the original and each copy you submit.
2. Type or legibly print your answers in black ink (if your form is not legible, it will not be accepted). You may also be asked to submit your form in an approved electronic format.
3. All questions on this form must be answered. If no response is necessary or applicable, indicate this on the form (for example, enter "None" or "N/A"). If you find that you cannot report an exact date, approximate or estimate the date to the best of your ability and indicate this by marking "APPROX." or "EST."
4. Any changes that you make to this form after you sign it must be initialed and dated by you. Under certain limited circumstances, agencies may modify the form consistent with your intent.
5. You must use the State codes (abbreviations) listed on the back of this page when you fill out this form. Do not abbreviate the names of cities or foreign countries.
6. The 5-digit postal ZIP codes are needed to speed the processing of your investigation. The office that provided the form will assist you in completing the ZIP codes.
7. All telephone numbers must include area codes.
8. All dates provided on this form must be in Month/Day/Year or Month/Year format. Use numbers (1-12) to indicate months. For example, June 10, 1978, should be shown as 6/10/78.
9. Whenever "City (Country)" is shown in an address block, also provide in that block the name of the country when the address is outside the United States.
10. If you need additional space to list your residences or employments/self-employments/unemployments or education, you should use a continuation sheet, SF 86A. If additional space is needed to answer other items, use a blank piece of paper. Each blank piece of paper you use must contain **your name and Social Security Number at the top of the page.**

Final Determination on Your Eligibility

Final determination on your eligibility for a position is the responsibility of the Office of Personnel Management or the Federal agency that requested your investigation. You may be provided the opportunity personally to explain, refute, or clarify any information before a final decision is made.

Penalties for Inaccurate or False Statements

The U.S. Criminal Code (title 18, section 1001) provides that knowingly falsifying or concealing a material fact is a felony which may result in fines of up to \$10,000, and/or 5 years imprisonment, or both. In addition, Federal agencies generally fire, or disqualify individuals who have materially and deliberately falsified these forms, and this remains a part of the permanent record for future placements. Your trustworthiness is a very important consideration in deciding your suitability. Your prospects of placement are better if you answer

all questions truthfully and completely. You will have adequate opportunity to explain any information you give us on the form and to make your comments part of the record.

Disclosure of Information

The information you give us is for the purpose of determining your suitability for Federal employment; we will protect it from unauthorized disclosure. The collection, maintenance, and disclosure of background investigative information is governed by the Privacy Act. The agency which requested the investigation and the agency which conducted the investigation have published notices in the Federal Register describing the systems of records in which your records will be maintained. You may obtain copies of the relevant notices from the person who gave you this form. The information on this form, and information we collect during an investigation may be disclosed without your consent as permitted by the Privacy Act (5 USC 552a(b)) and as follows:

PRIVACY ACT ROUTINE USES

1. To the Department of Justice when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government, is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of Justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
2. To a court or adjudicative body in a proceeding when: (a) the agency or any component thereof; or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the Department of Justice has agreed to represent the employee; or (d) the United States Government is a party to litigation or has interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.
3. Except as noted in Question 14, when a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, and whether arising by general statute, particular program statute, regulation, rule, or order issued pursuant thereto, the relevant records may be disclosed to the appropriate Federal, foreign, State, local, tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, rule, regulation, or order.
4. To any source or potential source from which information is requested in the course of an investigation concerning the hiring or retention of an employee or other personnel action, or the issuing or retention of a security clearance, contract, grant, license, or other benefit, to the extent necessary to identify the individual, inform the source of the nature and purpose of the investigation, and to identify the type of information requested.
5. To a Federal, State, local, foreign, tribal, or other public authority the fact that this system of records contains information relevant to the retention of an employee, or the retention of a security clearance, contract, license, grant, or other benefit. The other agency or licensing organization may then make a request supported by written consent of the individual for the entire record if it so chooses. No disclosure will be made unless the information has been determined to be sufficiently reliable to support a referral to another office within the agency or to another Federal agency for criminal, civil, administrative, personnel, or regulatory action.
6. To contractors, grantees, experts, consultants, or volunteers when necessary to perform a function or service related to this record for which they have been engaged. Such recipients shall be required to comply with the Privacy Act of 1974, as amended.
7. To the news media or the general public, factual information the disclosure of which would be in the public interest and which would not constitute an unwarranted invasion of personal privacy.
8. To a Federal, State, or local agency, or other appropriate entities or individuals, or through established liaison channels to selected foreign governments, in order to enable an intelligence agency to carry out its responsibilities under the National Security Act of 1947 as amended, the CIA Act of 1949 as amended, Executive Order 12333 or any successor order, applicable national security directives, or classified implementing procedures approved by the Attorney General and promulgated pursuant to such statutes, orders or directives.
9. To a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.
10. To the National Archives and Records Administration for records management inspections conducted under 44 USC 2904 and 2906.
11. To the Office of Management and Budget when necessary to the review of private relief legislation.

STATE CODES (ABBREVIATIONS)

Alabama	AL	Hawaii	HI	Massachusetts	MA	New Mexico	NM	South Dakota	SD
Alaska	AK	Idaho	ID	Michigan	MI	New York	NY	Tennessee	TN
Arizona	AZ	Illinois	IL	Minnesota	MN	North Carolina	NC	Texas	TX
Arkansas	AR	Indiana	IN	Mississippi	MS	North Dakota	ND	Utah	UT
California	CA	Iowa	IA	Missouri	MO	Ohio	OH	Vermont	VT
Colorado	CO	Kansas	KS	Montana	MT	Oklahoma	OK	Virginia	VA
Connecticut	CT	Kentucky	KY	Nebraska	NE	Oregon	OR	Washington	WA
Delaware	DE	Louisiana	LA	Nevada	NV	Pennsylvania	PA	West Virginia	WV
Florida	FL	Maine	ME	New Hampshire	NH	Rhode Island	RI	Wisconsin	WI
Georgia	GA	Maryland	MD	New Jersey	NJ	South Carolina	SC	Wyoming	WY
American Samoa	AS	District of Columbia	DC	Guam	GU	Northern Marianas	CM	Puerto Rico	PR
Trust Territory	TT	Virgin Islands	VI						

PUBLIC BURDEN INFORMATION

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington, D.C. 20415. Do not send your completed form to this address.

Standard Form 85P (EG)
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

QUESTIONNAIRE FOR PUBLIC TRUST POSITIONS

Form approved:
OMB No. 3206-0191
NSN 7540-01-317-7372
65-1602

OPM USE ONLY		Codes		Case Number	
Agency Use Only (Complete items A through P using instructions provided by USOPM)					
A Type of Investigation	B Extra Coverage	C Sensitivity/Risk Level	D Compu/ADP	E Nature of Action Code	F Date of Action
G Geographic Location	H Position Code	I Position Title			
J SON	K Location of Official Personnel Folder	None NPRC At SON	Other Address		ZIP Code
L SOI	M Location of Security Folder	None At SOI NPI	Other Address		ZIP Code
N OPAC-ALC Number	O Accounting Data and/or Agency Case Number				
P Requesting Official	Name and Title		Signature		Telephone Number ()
Date					
<i>Persons completing this form should begin with the questions below.</i>					
1 FULL NAME • If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN".			2 DATE OF BIRTH - If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.		
Last Name		First Name	Middle Name	Jr., II, etc.	Month Day Year
3 PLACE OF BIRTH - Use the two letter code for the State. City					4 SOCIAL SECURITY NUMBER
County		State	Country (if not in the United States)		
5 OTHER NAMES USED					
#1 Name		Month/Year To	#3 Name		Month/Year To
#2 Name		Month/Year To	#4 Name		Month/Year To
6 OTHER IDENTIFYING INFORMATION		Height (feet and inches)	Weight (pounds)	Hair Color	Eye Color
		Sex (Mark one box)			
		Female	Male		
7 TELEPHONE NUMBERS		Work (include Area Code and extension) Day () Night ()		Home (include Area Code) Day () Night ()	
8 CITIZENSHIP		b Your Mother's Maiden Name			
a Mark the box at the right that reflects your current citizenship status, and follow its instructions.		I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. Answer items b and d.			
		I am a U.S. citizen, but I was NOT born in the U.S. Answer items b, c and d.			
		I am not a U.S. citizen. Answer items b and e.			
c UNITED STATES CITIZENSHIP If you are a U.S. Citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.					
Naturalization Certificate (Where were you naturalized?)					
Court	City	State	Certificate Number	Month/Day/Year Issued	
Citizenship Certificate (Where was the certificate issued?)					
City	State	Certificate Number	Month/Day/Year Issued		
State Department Form 240 - Report of Birth Abroad of a Citizen of the United States					
Give the date the form was prepared and give an explanation if needed.	Month/Day/Year	Explanation			
U.S. Passport					
This may be either a current or previous U.S. Passport			Passport Number	Month/Day/Year Issued	
d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.					
Country					
e ALIEN If you are an alien, provide the following information:					
Place You Entered the United States:	City	State	Date You Entered U.S. Month Day Year	Alien Registration Number	Country(ies) of Citizenship

Exception to SF85, SF85P, SF85P-S, SF88, and SF86A approved by GSA September, 1995.
Designed using Perform Pro, WHS/DIOR, Sep 95

Page 1

9 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last 5 years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

Month/Year #1	Month/Year To	Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You			Street Address	Apt. #	City (Country)	State	ZIP Code
			Telephone Number ()				
Month/Year #2	Month/Year To		Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
			Telephone Number ()				
Month/Year #3	Month/Year To		Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
			Telephone Number ()				
Month/Year #4	Month/Year To		Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
			Telephone Number ()				
Month/Year #5	Month/Year To		Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You			Street Address	Apt. #	City (Country)	State	ZIP Code
			Telephone Number ()				

10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, beginning with the most recent (#1) and working back 7 years. List all College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year #1	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School					State ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State ZIP Code
		Telephone Number ()			
Month/Year #2	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School					State ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State ZIP Code
		Telephone Number ()			
Month/Year #3	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School					State ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State ZIP Code
		Telephone Number ()			

Enter your Social Security Number before going to the next page →

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11 YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday.

- **Code.** Use one of the codes listed below to identify the type of employment:

- | | | | |
|-----------------------------------|---|--|-----------|
| 1 - Active military duty stations | 5 - State Government (Non-Federal employment) | 7 - Unemployment (Include name of person who can verify) | 9 - Other |
| 2 - National Guard/Reserve | | | |
| 3 - U.S.P.H.S. Commissioned Corps | 6 - Self-employment (Include business and/or name of person who can verify) | 8 - Federal Contractor (List Contractor, not Federal agency) | |
| 4 - Other Federal employment | | | |

- **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

- **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year		Month/Year		Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#1		To Present						
Employer's/Verifier's Street Address					City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)					City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)					City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year	Month/Year	Position Title		Supervisor			
	To							
	Month/Year	Month/Year	Position Title		Supervisor			
	To							
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year	Month/Year	Position Title		Supervisor			
	To							
	Month/Year	Month/Year	Position Title		Supervisor			
	To							
Month/Year		Month/Year		Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#2		To						
Employer's/Verifier's Street Address					City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)					City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)					City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year	Month/Year	Position Title		Supervisor			
	To							
	Month/Year	Month/Year	Position Title		Supervisor			
	To							
Month/Year		Month/Year		Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#3		To						
Employer's/Verifier's Street Address					City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)					City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)					City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year	Month/Year	Position Title		Supervisor			
	To							
	Month/Year	Month/Year	Position Title		Supervisor			
	To							

Enter your Social Security Number before going to the next page →

YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

#4	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
	To						
	Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
	Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()	

PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year	Month/Year	Position Title	Supervisor
	To			
	Month/Year	Month/Year	Position Title	Supervisor
	To			
Month/Year	Month/Year	Position Title	Supervisor	
To				

#5	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
	To						
	Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
	Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()	

PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year	Month/Year	Position Title	Supervisor
	To			
	Month/Year	Month/Year	Position Title	Supervisor
	To			
Month/Year	Month/Year	Position Title	Supervisor	
To				

#6	Month/Year	Month/Year	Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
	To						
	Employer's/Verifier's Street Address			City (Country)	State	ZIP Code	Telephone Number ()
	Street Address of Job Location (if different than Employer's Address)			City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)			City (Country)	State	ZIP Code	Telephone Number ()	

PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year	Month/Year	Position Title	Supervisor
	To			
	Month/Year	Month/Year	Position Title	Supervisor
	To			
Month/Year	Month/Year	Position Title	Supervisor	
To				

12 YOUR EMPLOYMENT RECORD	Has any of the following happened to you in the last 7 years? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.	Yes	No

Use the following codes and explain the reason your employment was ended:

- 1 - Fired from a job 3 - Left a job by mutual agreement following allegations of misconduct 5 - Left a job for other reasons under unfavorable circumstances
- 2 - Quit a job after being told you'd be fired 4 - Left a job by mutual agreement following allegations of unsatisfactory performance

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.)	State	ZIP Code

Enter your Social Security Number before going to the next page →

13 PEOPLE WHO KNOW YOU WELL

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Name #1	Dates Known Month/Year Month/Year To	Telephone Number Day Night ()		
Home or Work Address		City (Country)	State	ZIP Code
Name #2	Dates Known Month/Year Month/Year To	Telephone Number Day Night ()		
Home or Work Address		City (Country)	State	ZIP Code
Name #3	Dates Known Month/Year Month/Year To	Telephone Number Day Night ()		
Home or Work Address		City (Country)	State	ZIP Code

14 YOUR MARITAL STATUS

Mark one of the following boxes to show your current marital status:

<input type="checkbox"/>	1 - Never married (go to question 15)	<input type="checkbox"/>	3 - Separated	<input type="checkbox"/>	5 - Divorced
<input type="checkbox"/>	2 - Married	<input type="checkbox"/>	4 - Legally Separated	<input type="checkbox"/>	6 - Widowed

Current Spouse Complete the following about your current spouse.			
Full Name	Date of Birth (Mo./Day/Yr.)	Place of Birth (Include country if outside the U.S.)	Social Security Number
Other Names Used (Specify maiden name, names by other marriages, etc., and show dates used for each name)			
Country of Citizenship	Date Married (Mo./Day/Yr.)	Place Married (Include country if outside the U.S.)	State
If Separated, Date of Separation (Mo./Day/Yr.)	If Legally Separated, Where is the Record Located? City (Country)		State
Address of Current Spouse (Street, city, and country if outside the U.S.)			State ZIP Code

15 YOUR RELATIVES

Give the full name, correct code, and other requested information for each of your relatives, living or dead, specified below.

1 - Mother (first) 3 - Stepmother 5 - Foster Parent 7 - Stepchild
2 - Father (second) 4 - Stepfather 6 - Child (adopted also)

[illegible]

Enter your Social Security Number before going to the next page

16 YOUR MILITARY HISTORY										Yes	No
a Have you served in the United States military?											
b Have you served in the United States Merchant Marine?											
List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed. •Code. Use one of the codes listed below to identify your branch of service: 1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard •O/E. Mark "O" block for Officer or "E" block for Enlisted. •Status. "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X"; use the two-letter code for the state to mark the block. •Country. If your service was with other than the U.S. Armed Forces, identify the country for which you served.											
Month/Year	Month/Year	Code	Service/Certificate No.	O	E	Active	Active Reserve	Inactive Reserve	National Guard (State)	Country	
To											
To											

17 YOUR SELECTIVE SERVICE RECORD										Yes	No
a Are you a male born after December 31, 1959? If "No," go to 18. If "Yes," go to b.											
b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.											
Registration Number					Legal Exemption Explanation						

18 YOUR INVESTIGATIONS RECORD										Yes	No
a Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.											
Codes for Investigating Agency 1 - Defense Department 4 - FBI 2 - State Department 5 - Treasury Department 3 - Office of Personnel Management 6 - Other (Specify) Codes for Security Clearance Received 0 - Not Required 3 - Top Secret 6 - L 1 - Confidential 4 - Sensitive Compartmented Information 7 - Other 2 - Secret 5 - Q											
Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code				
b To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. Note: An administrative downgrade or termination of a security clearance is not a revocation.											
Month/Year	Department or Agency Taking Action			Month/Year	Department or Agency Taking Action						

19 FOREIGN COUNTRIES YOU HAVE VISITED									
List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.) •Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other •Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips"). •Do not repeat travel covered in items 9, 10, or 11.									
Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country		
#1	To			#5	To				
#2	To			#6	To				
#3	To			#7	To				
#4	To			#8	To				
Enter your Social Security Number before going to the next page →									

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20 YOUR POLICE RECORD <i>(Do not include anything that happened before your 16th birthday.)</i>					Yes	No
In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s)? (Leave out traffic fines of less than \$150.)						
If you answered "Yes," explain your answer(s) in the space provided.						
Month/Year	Offense	Action Taken	Law Enforcement Authority or Court <i>(City and county/country if outside the U.S.)</i>	State	ZIP Code	

21 ILLEGAL DRUGS					Yes	No
The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.						
a In the last year, have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?						
b In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis, for your own intended profit or that of another?						
If you answered "Yes" to "a" above, provide information relating to the types of substance(s), the nature of the activity, and any other details relating to your involvement with illegal drugs. Include any treatment or counseling received.						
Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used			
To						
To						
To						

22 YOUR FINANCIAL RECORD					Yes	No
a In the last 7 years, have you, or a company over which you exercised some control, filed for bankruptcy, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered against you for a debt? If you answered "Yes," provide date of initial action and other information requested below.						
Month/Year	Type of Action	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code	

b Are you now over 180 days delinquent on any loan or financial obligation? Include loans or obligations funded or guaranteed by the Federal Government.					Yes	No
If you answered "Yes," provide the information requested below:						
Month/Year	Type of Loan or Obligation and Account #	Name/Address of Creditor or Obligor	State	ZIP Code		

After completing this form and any attachments, you should review your answers to all questions to make sure the form is complete and accurate, and then sign and date the following certification and sign and date the release on Page 8.

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature *(Sign in Ink)*

Date

Enter your Social Security Number before going to the next page →

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Standard Form 85P
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved:
OMB No. 3206-0191
NSN 7540-01-317-7372
85-1602

UNITED STATES OF AMERICA
AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85P, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	Full Name (Type or Print Legibly)	Date Signed
Other Names Used	Social Security Number	
Current Address (Street, City)	State	ZIP Code
		Home Telephone Number (Include Area Code) ()

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SF 85P* - Authorization for Release of Medical Information (Available from www.opc.gov under Forms, last page of SF 85P)

Standard Form 85P
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved:
OMB No. 3206-0191
NSN 7540-01-317-7372
85-1602

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position of public trust with the Federal Government as a(n)

(Investigator instructed to write in position title.)

As part of the investigative process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand that the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 85P and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (Sign in ink)	Full Name (Type or Print Legibly)		Date Signed
Other Names Used			Social Security Number
Current Address (Street, City)	State	ZIP Code	Home Telephone Number (Include Area Code) ()

SF 85P-S - Supplemental Questionnaire for Selected Positions (Available from www.opc.gov under Forms)

Standard Form 85P-S (EG)
Revised September 1995
U.S. Office of Personnel Management
5 CFR Parts 731, 732, and 736

Form approved:
OMB No. 3206-0191
NSN 7540-01-368-7778
65-1700

Supplemental Questionnaire for Selected Positions**INSTRUCTIONS**

This form is supplemental to SF 85P, Questionnaire for Public Trust Positions, but is used only after an offer of employment has been made and when the information it requests is job-related and justified by business necessity. Other than this restriction to its use, this form has the same purposes and authorities described on SF 85P. The agency which gave you this form will tell you which questions to answer.

Instructions for completing this form are the same as SF 85P: you must type or legibly print your answers in black ink, use State codes, etc. Be sure to sign and date the certification statement at the bottom of this page.

PUBLIC BURDEN INFORMATION: Public burden reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room CHP-500, Washington DC 20415. Do not send your completed form to this address.

IDENTIFICATION INFORMATION

1 FULL NAME Enter your name exactly as it appears on your SF 85P, Questionnaire for Public Trust Positions.				2 SOCIAL SECURITY NUMBER	
Last Name	First Name	Middle Name	Jr., II, etc.		

SUPPLEMENTAL QUESTIONS

3 YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful response nor information derived from your response will be used as evidence against you in any subsequent criminal proceeding. a Since the age of 16 or in the last 7 years, whichever is shorter, have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs? b Have you <u>ever</u> illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?	Yes	No
--	-----	----

If you answered "Yes" to any question above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.

Month/Year To	Month/Year To	Controlled Substance/Prescription Drug Used	Number of Times Used

4 YOUR USE OF ALCOHOL In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)? If you answered "Yes," provide the dates of treatment and the name and address of the counselor below. Do not repeat information reported in				Yes	No
Month/Year To	Month/Year To	Name/Address of Counselor or Doctor	State	ZIP Code	

5 YOUR MEDICAL RECORD In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition? You do not have to answer "Yes" if you were only involved in marital, grief, or family counseling not related to violence by you. If you answered "Yes," provide the dates of treatment and the name and address of the therapist or doctor below.				Yes	No
Month/Year To	Month/Year To	Name/Address of Therapist or Doctor	State	ZIP Code	

CERTIFICATION**Certification That My Answers Are True**

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (Sign in ink)	Date
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Exception to SF65, SF65P, SF85P-S, SF86, and SF86A approved by GSA September, 1995.
Designed using Perform Pro, WHS/DIOR, Sep 95

PROCEDURE TO OBTAIN VDC ACCESS AND ACCESS TO OTHER APPLICATIONS

All security forms must be completed and access approved before a Contractor Employee can apply for access to a specific VDC server or application.

For access to all SFA applications, complete the Department of Education Student Financial Assistance (SFA) Security Request form. One form is required for each system.

Under section **C. Type of Access Requested**, specifics about servers, etc., must be completed. For Modernization Partners, Josh Stauffer and Michael Tran have that information.

Under section **E. Signatures**, please note that the COTR/Security Officer and/or ED Project Manager refers to the Education employee responsible for that specific application. Again, Josh Stauffer and Michael Tran have that information.

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